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NOV 0 7 2006

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08/24/2006

Robert N. Petersen

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| | | | | Owwww. (Signature) | | | |
| 1 FC:2501 700.00 GP 2 FC:1504 300.00 GP | | | 2006 November 04 | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | ATTO | RNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/729,765 | 12/08/2003 | 12/08/2003 | | | | 6255 | |
| TITLE OF INVENTION | I: MIXED IMMISCIBLE | E LIQUIDS VACUUM, S | SEPARATION, AND DISP | OSAL METHOD AND S | YSTEM (MOD I) | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 11/24/2006 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | s | | | |
| DRODGE, | JOSEPH W | 1723 | 210-104000 | • | | | |
| CFR 1.363). Change of corresp Address form PTO/SI TFee Address" ind PTO/SB/47; Rev 03-(Number is required. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNATE. | IND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE | "Indication form led. Use of a Customer A TO BE PRINTED ON ified below, no assignee bletion of this form is NO | or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorned in the listed, no name will be THE PATENT (print or type data will appear on the port a substitute for filing and (B) RESIDENCE: (CITY) | 3 registered patent attornively, e firm (having as a membigent) and the names of uners or agents. If no namprinted. be) atent. If an assignee is icassignment. and STATE OR COUNT | er a 2 | | |
| Please check the appropriate assignee category or categories (will not be put 4a. The following fee(s) are submitted: 4b. Saue Fee 4c. Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) | | | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | |
| | s SMALL ENTITY state | • | ☐ b. Applicant is no long | ger claiming SMALL ENT | TITY status. See 37 CF | R 1.27(g)(2). | |
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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